

Division of Public Health
PHNPDU/LTAT
Tracking Sheet for Revisions to Coding & Billing Guidance Document

Please note- the order of changes has been reversed so that you can see the most current information first.

Date	Name & location of section w/ revisions	Who made changes	Notes/Comments:
12/2018	updated link to Health Check Program Guide released September 2018	JG/RW	TL/Child Health
	Updates to preventive/problem focused visits, screening for caregivers, behavioral health, HEADSS, CRAFFT, Dental Screenings,	JG/RW	TL/Child Health
	Clinical Coverage Policy No: 1E-7 (Amended date: November 1, 2018)	JG/RW	DF/Family Planning
	Updated FY 17-18 AA to FY 18-19; clarification on billing 96372 and 99211 for Be Smart	JG/RW	DF/Family Planning
	Updated guidance for the “30-day rule” for 2 nd IUD insertion	JG/RW	DF/Family Planning
	Updated Guidance in the Physician’s Drug Program Clinical Coverage Policy (Clinical Coverage Policy No: 1B- Amended May 15, 2018)	JG/RW	DF/Family Planning
	Updated guidance regarding billing Be Smart in STD clinic	JG/RW	DF/Family Planning
	Clarification for billing Third-Party Insurance	JG/RW	SC/Maternity
	Updated guidance for Glucose Tolerance and Billing Scenarios	JG/RW	SC/Maternity
	Home Visit for Postnatal Assessment new guidance	JG/RW	SC/Maternity
	New and updated (expanded) guidance for Childbirth Education	JG/RW	SC/Maternity
	Maternal Depression Screening- new and updated guidance	JG/RW	SC/Maternity
	17P Additional guidance provided	JG/RW	SC/Maternity
	Throughout document, T1002= RN services up to 15 minutes (NOT a complete 15 minutes)	JG/RW	KB/DF/LTAT
09/2018	Pg 7, Billing- Effective August 2, 2018 Memo: Choice of staff to Conduct CPT Coding and Billing	JG/RW	LTAT
	Pg 91, Be Smart and Retroactive Coverage	JG/RW	LTAT

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	Pg 100, Be Smart Q & A June 20, 2018-See Appendix D	JG/RW	LTAT
	Pg 106, Billing for both inside and outside labs (36415) Venipuncture	JG/RW	LTAT
	Pg 108, Newborn Screening Fee Increased	JG/RW	LTAT
6/2018	Pgs 11, 33, Use of NDC identifiers when billing/reporting 340b drugs/devices and Immunizations	KB	LTAT
	Pg 11 Offering “free” services	KB	LTAT
	Pg 11 Will Medicaid pay for 2 preventative physicals within a 365 day period?	KB	LTAT
	Pg 23 Q&A regarding 96127	KB	LTAT
	Pg 31 Removal of OS and PC reference from “Billing Sports Physicals” memo dated 4/19/17 since this is no longer required.	KB	LTAT
	Pg 33 Deleted guidance no longer accurate	KB	LTAT
	Pg 37 Clarification of billing for administration of Purchased Vaccines	KB	LTAT
	Beginning Pg 54- Maternal Health. Multiple changes, please review carefully.	KB	SC/Maternal Health
	Pg 77 4/6/2018 Women’s Health Branch Memorandum entitled “Title X - Collections and Debt Set-Off	KB	DF/Family Planning
	Pg 112 Addition of currently approved CPT codes for billing Telemedicine & Telepsychiatry services	KB	LTAT
	Pg 114 Added reference to multiple preventative visits within 365 days	KB	LTAT
3/2018	Pg 5 Removed incorrect language New vs Est	KB	LTAT/PHNPDU
	Pg 9 Updated language Preventative & E/M visit same day	KB	CH
	Pg 10, 45, 46 Clarification of billing for non-STI ERRNs	KB	LTAT/PHNPDU

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	Pg 12, 29, 68 Added language use of Title V funds	KB	CH
	Pg 13 New information Approval Process for OS & PC services	KB	LTAT/PHNPDU
	Pg 13-14 Removed old language OS & PC services	KB	LTAT/PHNPDU
	Pgs- Multiple throughout CH section; updated link to Health Check Program Guide	KB	CH
	Pg 17 Expanded reference information for CH services	KB	CH
	Pg 18 Addition of exception for use of EP modifier on lab services	KB	CH
	Pgs 20-26 Section G. Screenings: Multiple changes. Please review carefully	KB	CH
	Pg 24 Removed excerpt of email from Tara Lucas 7/5/17	KB	CH
	Pg 26 New language Dental Screenings	KB	CH
	Pg 27 Section I Additional Billing Guidelines: multiple changes. Please review carefully	KB	CH
	Pg 49 Q&A Billing copays & deductibles for reference lab services to STI clients	KB	STI
	Pg 53 Added CPT codes that may be used for TST non-read	KB	TB
	Pgs 54-80 Maternal Health Section- Multiple Changes. Please review carefully	KB	SC/Maternal Health
	Pgs 81-109 Family Planning Section- Multiple Changes. Please review carefully	KB	DF/Family Planning
	Pg 115 New Section: Telemedicine & Telepsychiatry	KB	LTAT/PHNPDU
	Pg 117 LU Codes section. Major changes, additions & deletions. Please review carefully	KB	LTAT/PHNPDU
	Pg 118 Addition of criteria for AH annual health assessment	KB	LTAT/PHNPDU
12/2017	<i>Pg 5 Additional clarification New vs Est</i>	KB	PHNPDU/LTAT
	<i>Pg 8, 7b,c Additional wording regarding billing NPI</i>	KB	PHNPDU/LTAT
	<i>Beginning Pg 50, Maternal Health; extensive changes have been made to this entire section. Please review carefully.</i>	KB	WHB/Sarah Conte
	<i>Beginning Pg 70, Family Planning: extensive changes have been made to this entire section. Please review carefully.</i>	KB	WHB/Debbie Farb
	<i>Pg 84 Changed to reflect correct billing practices for Pap Fee</i>	KB	PHNPDU/LTAT

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	<i>Pg 94 Link to January 2018 Medicaid Bulletin for additional information on BeSmart</i>	<i>KB</i>	<i>PHNPDU/LTAT</i>
	<i>Pg 95 General Q&A for Family Planning- Q&A moved to the end of the FP section</i>	<i>KB</i>	<i>PHNPDU/LTAT</i>
	<i>Pg 99 Lab billing scenario B revised for clarification</i>	<i>KB</i>	<i>PHNPDU/LTAT</i>
	<i>Pg 100 Lab billing scenario C removed. Refer to scenario B (outside lab).</i>	<i>KB</i>	<i>PHNPDU/LTAT</i>
	<i>Pg 101 Changed to clarify billing for 36415</i>	<i>KB</i>	<i>PHNPDU/LTAT</i>
	<i>Pg 103 Changed to reflect correct billing practices for Pap Fee</i>	<i>KB</i>	<i>PHNPDU/LTAT</i>
9/2017	Title Change- dropped Part II since there is no longer a Part I	KB	PHNPDU
	Pgs 10, 42 Change in guidance for Non-STD ERRN billing	KB	STD/CD
	Pg 15 Clarification in billing guidance 340b	KB	STD/CD
	Pg 17 Additional wording to clarify Medicaid non-reimbursable CPT code 99080	KB	Child Health
	Pg 22 Additional guidance on billing Immunizations with Health Check exam	KB	Child Health
	Pg 29, 73 No longer need TJ on Family Planning Health Choice claims. Use FP only	KB	Medicaid
	Pg 40 Removed Hepatitis C and BV	KB	STD/CD
	Pg 45 Notice that Q&A from STD webinar is posted	KB	KB
	Pg 47 Removed items 5 & 6 re: STD billing	KB	STD/CD
	Pg 52 Added guidance on billing for Non-Stress Test	KB	WHB
	Pg 56 Clarification re: end of postpartum period	KB	WHB
	Pg 63-64 Removed/Revised guidance re: billing Depo w/ Office Visit	KB	WHB
	Pg 65 Billing guidance re: BeSmart patient STD visit & Depo	KB	WHB
	Pg 68 Billing Scenario added- billing for IUD when client has Insurance and Medicaid	KB	WHB
	Pg 70 Kyleena not covered by BeSmart	KB	WHB
	Pg 71 Clarification from WHB regarding billing 340b for clients with commercial insurance	KB	WHB
	Pg 75, 83 Removed guidance on billing STD ERRN, Non-ERRN and TB	KB	STD/CD

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6/2017	Pg 10, 16, 28, 30, 91 No longer required to use TJ modifier when billing/reporting Medicaid for FP services provided to HealthChoice eligible clients	KB	Medicaid
	Pg 15, 67 Clarification of options for billing 340b drugs/devices	KB	DPH/PHNPDU/LTAT
	Pg 25, 57 Notation regarding all services to children must slide	KB	WCH- Child Health
	Pg 26 Addition of email from Phyllis Rocco regarding performing and billing for sports physicals	KB	Phyllis Rocco, Branch Head, PHNPDU, LTAT
	Pg 33 Additional information regarding purchased vaccines	KB	Immunization Branch
	Pg 43 Clarification on STD ERRN ability to treat for HPV	KB	STD/HIV Branch
	Pg 51 Clarification of use of OB modifier	KB	Steven Garner
	Pg 52, 56, 92 Clarification of timing related to billing services using -24 modifier	KB	WHB-MH
	Pg 54 Additional billing information for post partum services (in response to a question about post partum home visit after miscarriage).	KB	DMA/WHB-MH
	Pg 60 Clarification of billing for pregnancy testing	KB	WHB-FP
	Pg 61, 63 Billing for IUD at same time as Annual or Interperiodic exam	KB	WHB-FP
	Pg 69, 75, 92 Use of modifiers with 58300 discontinued procedure	KB	WHB-FP
	Pg 64 FAQs related to billing for IUD at same time as Annual or Interperiodic exam	KB	WHB-FP
	Pg 66, 82 Instructions on using 340B stock for Emergency Contraception	KB	WHB-FP
	Pg 67 Deleted old language regarding billing 340b drugs/devices	KB	DPH/PHNPDU/LTAT
	Pg 81 Deleted use of TJ modifier when billing/reporting Medicaid for FP services provided to HealthChoice eligible clients	KB	Medicaid
3/2017	Throughout the document- "Nexplanon" replaced with "Implantable Device(s)"	KB	WHB
	Pg 5 New vs Established- potential reason for denial	KB	DPH/PHNPDU/LTAT
	Pg 6 Shared vs Split visit billing	KB	Medicaid Bulletin- January 2017
	Pg 10, 20, 28 99420 changed to 96160 (patient focused health risk assessment) eff Jan 1, 2017	KB	Health Check Program Guide (10/31/16)
	Pg 12 Deleted "Adult Dental services"	KB	DPH/PHNPDU/LTAT

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	Pg 20 99420 changed to 96160 (care-giver focused health risk assessment) eff Jan 1, 2017	KB	Health Check Program Guide (10/31/16)
	Pgs 26, 27, 60 Medicaid does not require NDC for vaccines, however some insurance carriers may	KB	LHDs shared this information based on their billing experiences
	Pg 31 Billing for multi-series vaccines	KB	Immunization Branch
	Pg 41, 78, 87 Billing X modifier series via NC Tracks portal	KB	DPH/PHNPDU/LTAT
	Pg 43 Billing TB home visit	KB	J Luffman, TB branch
	Pg 45 Deleted section re: not billing home visits/DOT (see above)	KB	J Luffman, TB branch
	Pg 49, 53, 82 Addition of Modifier -24 in certain circumstances	KB	WHB
	Pg 49 Wording change	KB	WHB
	Pg 51 Guidance re: billing incision checks	KB	WHB
	Pg 52 Clarification of instructions for billing prenatal care	KB	WHB
	Pg 54 Additional information on Smoking Cessation Counseling	KB	WHB
	Pg 55 Vaccines administered during prenatal care or during the postpartum period	KB	WHB
	Pg 57, 68, 69, 71 Addition of new billing information from WHB regarding billing E&M visit at the same time as IUD insertion, removal, Insertion/removal. Pg 68, 69, 71 Deletion of old information.	KB	WHB
	Pg 60 Billing for Depo under prescribing provider NPI- how to manage if originating provider leaves	KB	DPH/PHNPDU/LTAT
	Pg 62 New birth control method covered by Medicaid; Kyleena-J3490	KB	Medicaid Bulletin- January 2017
	Pg 88 Updated Consultant contact information	KB	DPH/PHNPDU/LTAT
11/14/16	Throughout the document- the terms physician, clinician, mid-level, provider have been replaced with Advanced Practice Practitioner	KB	DPH/PHNPDU/LTAT
	Health Check Program Links have been updated to the October 2016 edition	KB	DPH/PHNPDU/LTAT
	Pg 4 Added Medicaid repayment instructions	KB	DPH/PHNPDU/LTAT
	pp 8, 32 ,38 ,45 ,54 ,61 Reference of Exception for billing E&M and Preventive visit same day for Child Health	KB	As per Health Check Program Guide 10-16

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	Pg 9 Added statement regarding billing T1002 to third party payers	KB	DPH/PHNPDU/LTAT
	Pg 13 Statement added, may not deny services due to inability/unwillingness to pay	KB	As per WHB
	Pg 16 Use of CH for all child health services, billable and reportable. No longer using HC	KB	DPH/PHNPDU/LTAT
	Pg 17-18 May now bill E&M and Preventive service same day for Child Health only	KB	As per Health Check Program Guide 10-16
	Pg 22 Dental Screenings at Health Check visit	KB	As per Health Check Program Guide 10-16
	Pg 23 Billing for hearing screening after WCC	KB	Child Health Section
	Pg 23 Additional Health Check Billing Guidance	KB	As per Health Check Program Guide 10-16
	pp 23, 52 How to bill when CH and FP services intersect	KB	As per Health Check Program Guide 10-16
	Pg 24 Removal of statement on billing Health Check and E&M same day (replaced by statement on pg 17)	KB	As per Health Check Program Guide 10-16
	Pg 25 Latest Health Check Program Guide published in October 2016 (note name change)	KB	As per Health Check Program Guide 10-16
	pp 26, 74 Use of SL modifier to report state supplied vaccines	KB	6/28/16 Memo from Steven Garner to LHDs
	Pg 27 Location of Immunization billing guidance in HCPG	KB	As per Health Check Program Guide 10-16
	pp 35, 74 Use of OB modifier to report \$0 charge maternal health office visits	KB	6/28/16 Memo from Steven Garner to LHDs
	pp 35, 66, 75 Notation regarding "X" modifiers has been revised	KB	DPH/PHNPDU/LTAT
	Pg 44 Revised CPT code for Liletta	KB	WHB Fall 2016 Newsletter
	Pg 51 Reminder to use FP modifier when billing Medicaid for Family Planning services. Contact insurance companies for their procedure	KB	DPH/PHNPDU/LTAT
	pp 53, 63 Notation about not using FP modifier on Health Choice claims	KB	DPH/PHNPDU/LTAT
	Pg 54 Reference on where to find billing guidance for when CH and FP intersect	KB	As per Health Check Program Guide 10-16
	Pg 59 Correction to HIV screening ICD-10 code	KB	As per WHB
	Pg 60 Removed notation about using FP modifier for Health Choice	KB	As per Health Check Program Guide 10-16
	Pg 68 NCSPLH requiring NPIs on all requisitions	KB	NCSPLH memo 8/18/16
	Pg 80 Addition of Flat Fee, Interperiodic and Periodic to Glossary of terms	KB	DPH/PHNPDU/LTAT

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7/21/16	Pg 19-20 Immunization: section on Immunization Administration replaced with new text	KB	As per State CH consultant 7/15/16
	Pg 31 Changed wording to clarify preference of the TB branch when screening under non-mandated conditions	KB	As per TB Branch
	Pg 34 Maternity/OB Billing: wording change to reflect correct billing practices for miscarriage/termination of pregnancy	KB	As per WHB discussion, 7/7/16
	Pg 43 Family Planning: changed to include full text of memo from Belinda Pettiford regarding charging for 340b drugs	KB	As per WHB discussion, 7/7/16
	Pg 44 Added notation to reference information on page 54	KB	In consultation with WHB
	Pg 50 Family Planning: - changed to correct diagnosis code (from 042 to Z11.4)	KB	As per WHB discussion, 7/7/16
	Pg 54 Family Planning: revised to reflect notation regarding use of FP and TJ modifiers	KB	In consultation with WHB
6/21/16	Completed document posted to DPH website		